

**Louisiana Association of
Substance Abuse Counselors and Trainers, Inc. (LASACT)**

P.O. Box 80235 • Baton Rouge, LA 70898-0235 • Phone: 225.766.2992
Fax 225.766.8552 • e-mail: admin@lasact.org • web site: www.lasact.org

2012 MEMBERSHIP APPLICATION - NEW OR RENEWAL

Check one: new membership renewal of current membership reinstatement (\$25 fee)

NAME:

___ Mr. ___ Mrs. ___ Ms. _____
Other Title _____ Last First Middle

MAILING ADDRESS:

Street/P.O. Box City State ZIP

EMPLOYER:

OFFICE ADDRESS:

Street City State ZIP

PHONES W: _____ **H:** _____ **FAX:** _____

CELL: _____ **E-MAIL ADDRESS:** _____

ADRA Credential(s) - Check all that apply

___ LAC # _____	___ CAC # _____	___ RAC # _____	___ CIT # _____	Expiration Date _____
___ LPP # _____	___ CPP # _____	___ RPP # _____	___ PSIT # _____	Expiration Date _____
___ CCS # _____	Expiration Date _____	___ CCGC # _____		Expiration Date _____
___ ATA # _____	Expiration Date _____			

LASACT Certificate(s) Check all that apply:

___ AADC # _____	Expiration Date _____	___ CCDP-D # _____	Expiration Date _____
___ CCDP # _____	Expiration Date _____	___ CCJP # _____	Expiration Date _____

Other Types of Right to Practice Credential(s)

LPC # _____	Expiration Date _____	LMFT # _____	Expiration Date _____
LCSW # _____	Expiration Date _____	LMSW # _____	Expiration Date _____

If credential is not in above list(s), fill in type / number / expiration date here: _____

Dues cover calendar year - January through December

Individual Membership \$90.00 ♦

Student Membership: \$45.00 - Download student form at www.lasact.org

Full time student status must be verified - maximum for student membership is two years.

Dues payments may be made as follows:

- ✓ Online at www.lasact.org using PayPal **and** faxing application form to 225.766.8552
- ✓ Check/money order sent through U.S. mail to: LASACT – P.O. Box 80235 – Baton Rouge, LA 70898-0235
- ✓ Fill in Credit Card information below and mail to the above address **or** fax to 225.766.8552.
- ✓ Phone Credit Card information to 225.766.2992 **and** fax this form to 225.766.8552

Membership Applications - new or renewal - cannot be processed until LASACT receives this Form.

Credit Card Type & #: _____
Expiration Date: _____ Code on back of card _____ Billing ZIP Code _____